

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

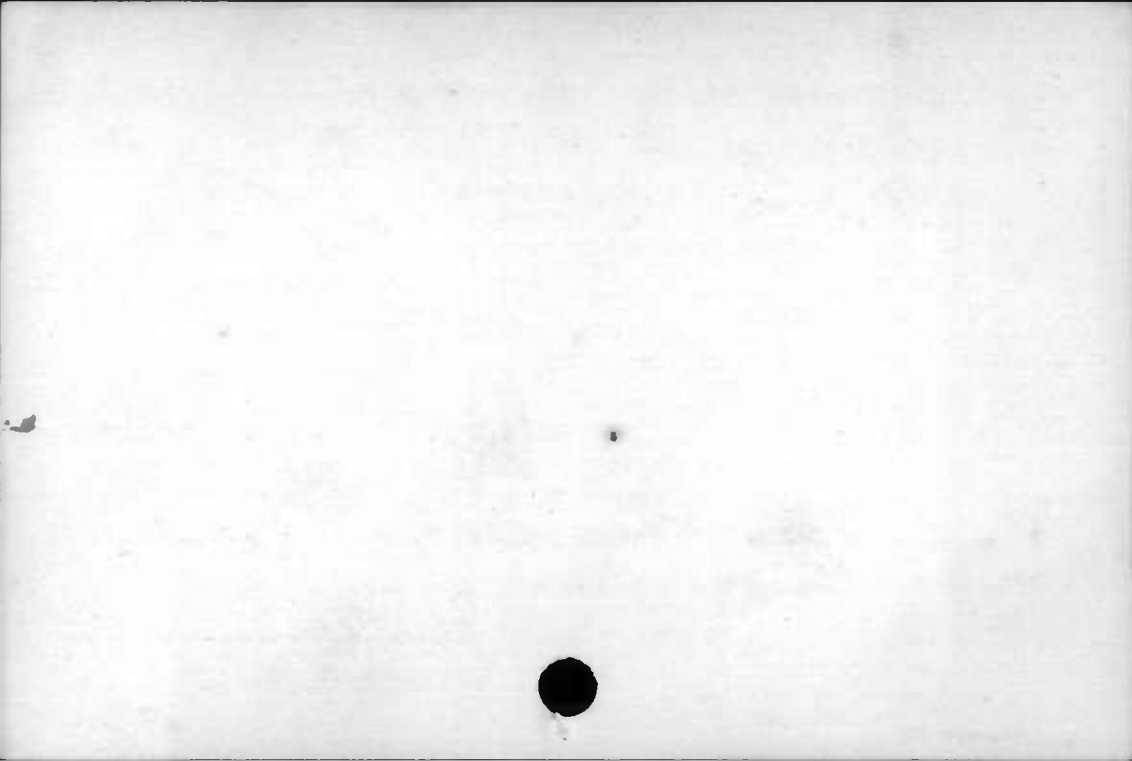
| | | | | | | | |
|-------------------------------------------------------------|--|-------------------------------------------------|--|-----------------------|--|------------|--|
| Name J. M. Aydelotte | | Town Pocomoke | | County Worcester | | | |
| Died at | | | | | | | |
| Date of death 1908 Aug | | Month 12 | | Day 7 | | Years 6 | |
| Sex male | | Color or Race Colored | | Birth- place Md | | Days | |
| Occupation ✓ | | Where Residing if not at place of death ✓ | | | | | |
| Married, Single or Widowed ✓ | | Name of Wife or Husband ✓ | | | | | |
| Father's Name Sloyd F. Aydelotte | | Father's Birthplace Md. | | | | | |
| Mother's Maiden Name Mary H. Kane | | Mother's Birthplace Md. | | | | | |
| Name of person giving In formation Sloyd F. Aydelotte | | How related to deceased Father | | | | | |

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

| | | | |
|------------------------------------------------------------------------------------|---------------------|----------------------------------------------|-----|
| Primary | Rheumatism Arterial | How long | 5 m |
| Immediate | Cyanation | How long | 1 m |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>J. M. Milam</i> | |
| | | Address Pocomoke City | |
| Accident or Suicide? <i>✓</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo. P Bishop

Town

County

MARYLAND

Died at Snow Hill Worcester

Date of death 1908 Aug 1 Age 70 Months Days

Sex male Color or Race white Birth-place Ind

Occupation Farmer Where Residing if not at place of death Maryland

Married, Single or Widowed Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Geo. P. Bishop

How related to deceased

Son

CAUSES OF DEATH

80

Primary

Angina Pectoris

How long

2 days

Immediate

Paralysis Heart

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

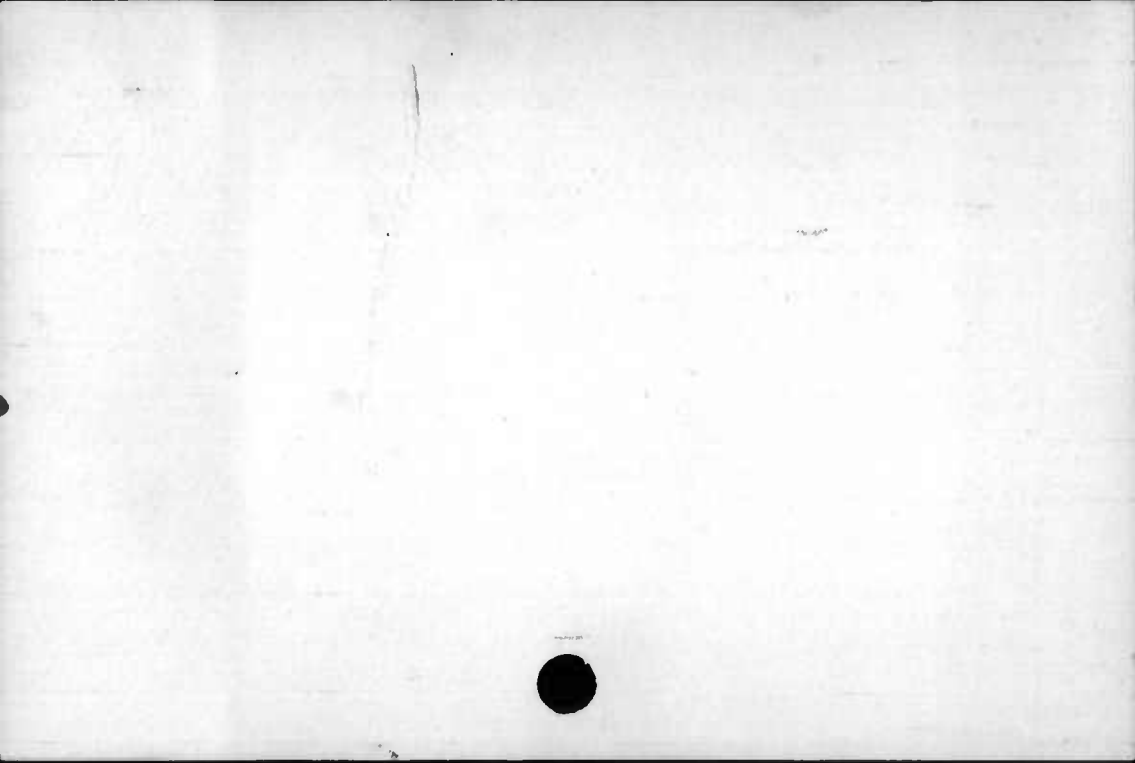
W. D. Strangman

Address

Snow Hill.

Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

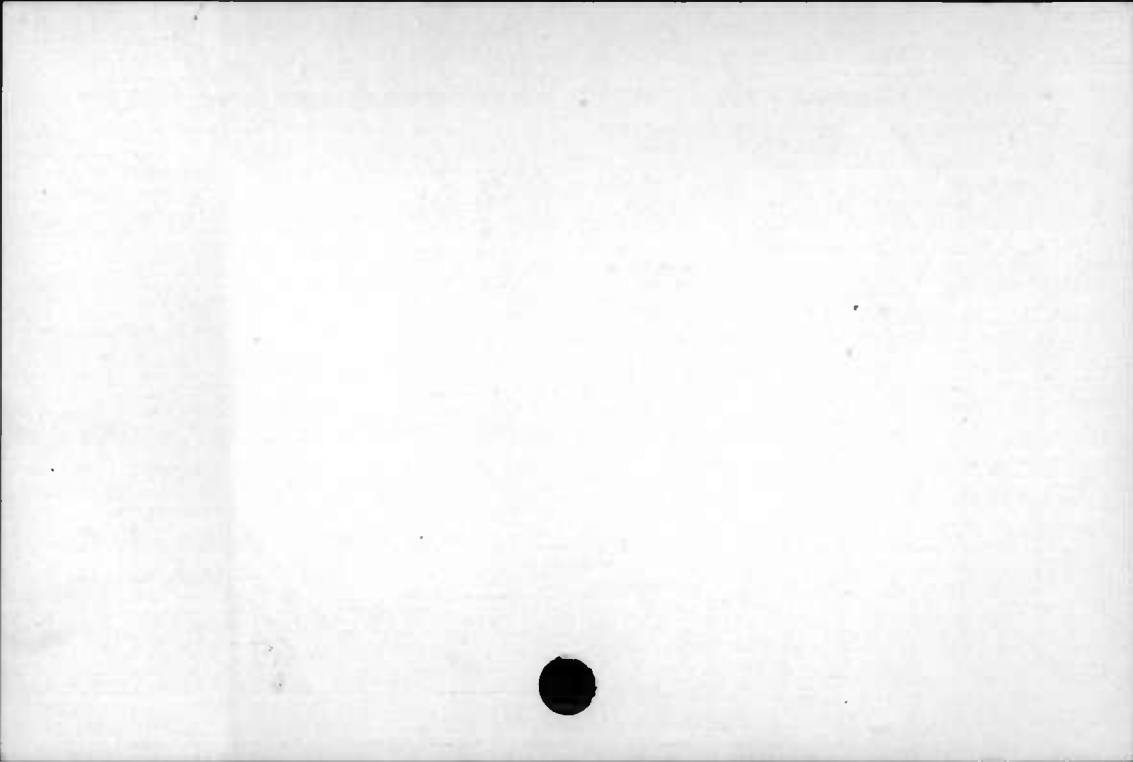
| | | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------|----------------------|-----------------------|------------------|------|
| Died at <i>Premake</i> | | County <i>Howard</i> | | | |
| Date of death <i>1908</i> | Month <i>Aug</i> | Day <i>28</i> | Age <i>26</i> | Months <i>10</i> | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>VA</i> | | |
| Occupation <i>Housewife</i> | Where Residing if not at place of death <input checked="" type="checkbox"/> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife Husband <i>Emory J. Carter</i> | | | | |
| Father's Name <i>James B. Means</i> | Father's Birthplace <i>VA</i> | | | | |
| Mother's Maiden Name <i>Mary Nottingham</i> | Mother's Birthplace <i>VA</i> | | | | |
| Name of person giving information <i>Emory J. Carter</i> | How related to deceased <i>Husband</i> | | | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|--------------------------------------------|
| Primary <i>Gastritis</i> | How long <i>9 wks</i> |
| Immediate <i>Exhaustion</i> | How long <i>3 wks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. Wilson</i> |
| | Address <i>Premake City</i> |
| Accident or Suicide? <input checked="" type="checkbox"/> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John T. Cropper

Died at *near Berlin* Town *Norchester* County **MARYLAND**

Date of death *1908 Aug 21* Month *Aug* Day *21* Age *21* Months _____ Days _____

Sex *male* Color or Race *White* Birth-place *near Berlin*

Occupation *Harmon's son* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Thos H Cropper* Father's Birthplace *near Berlin*

Mother's Maiden Name *E A McCabe* Mother's Birthplace _____

Name of person giving Information *Thos H Cropper* How related to deceased *Father*

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

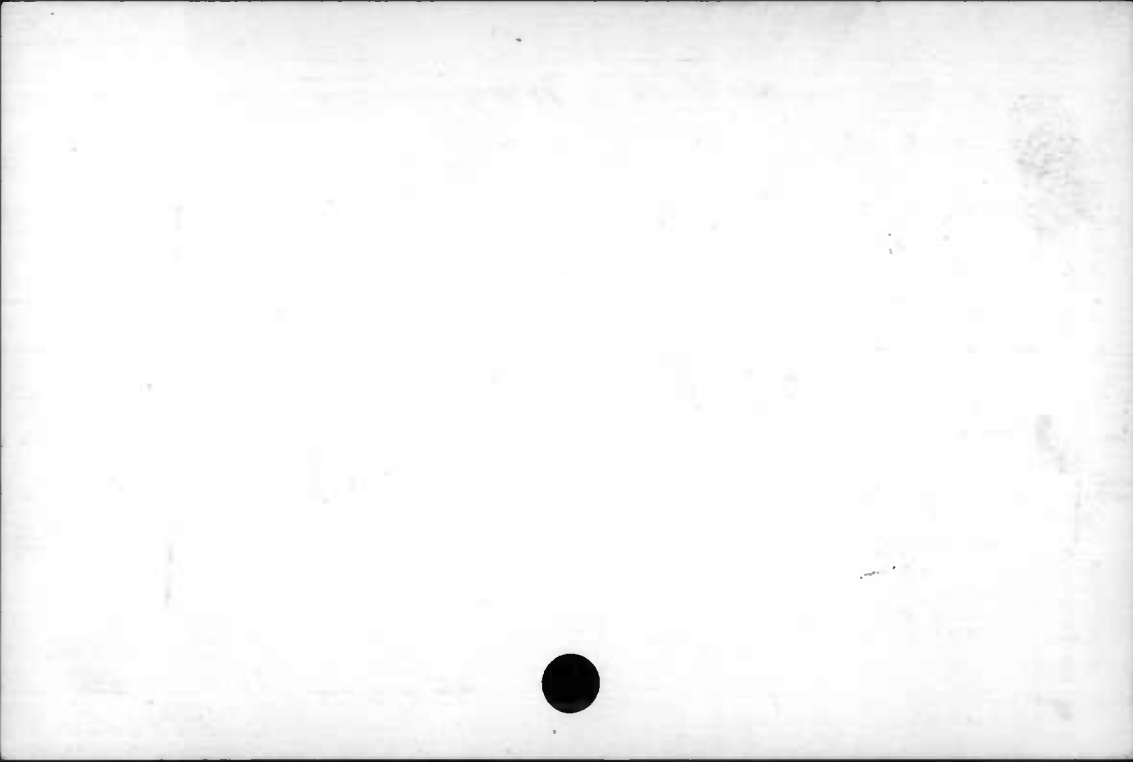
Primary *Typhoid fever* How long *14 days*

Immediate *Propagative period* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Archie Tynkman* Address *Berlin Md*

Accident or Suicide



Name
in
Full

Emory Walter Browne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------|------------------------|-----|-----------------------------------------|---|-----------|----|
| Died at | | Town <i>Ocean City</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death | 1901 | Month | Aug | Day | 2 | Years | 25 |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | Dentist | | Where Residing if not at place of death | | Baltimore | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | X X X | |
| Father's Name | | William Robert Browne | | Father's Birthplace | | Maryland | |
| Mother's Maiden Name | | Clara Starr | | Mother's Birthplace | | Maryland | |
| Name of person giving information | | Clarence Starr Mathews | | How related to deceased | | Cousin | |

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------|------------------------|--------------------|
| Primary | | How long | |
| Immediate | Drowning | How long | 45 hours |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | J. B. Baggett M.D. |
| | | Address | Ocean City - Md. |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

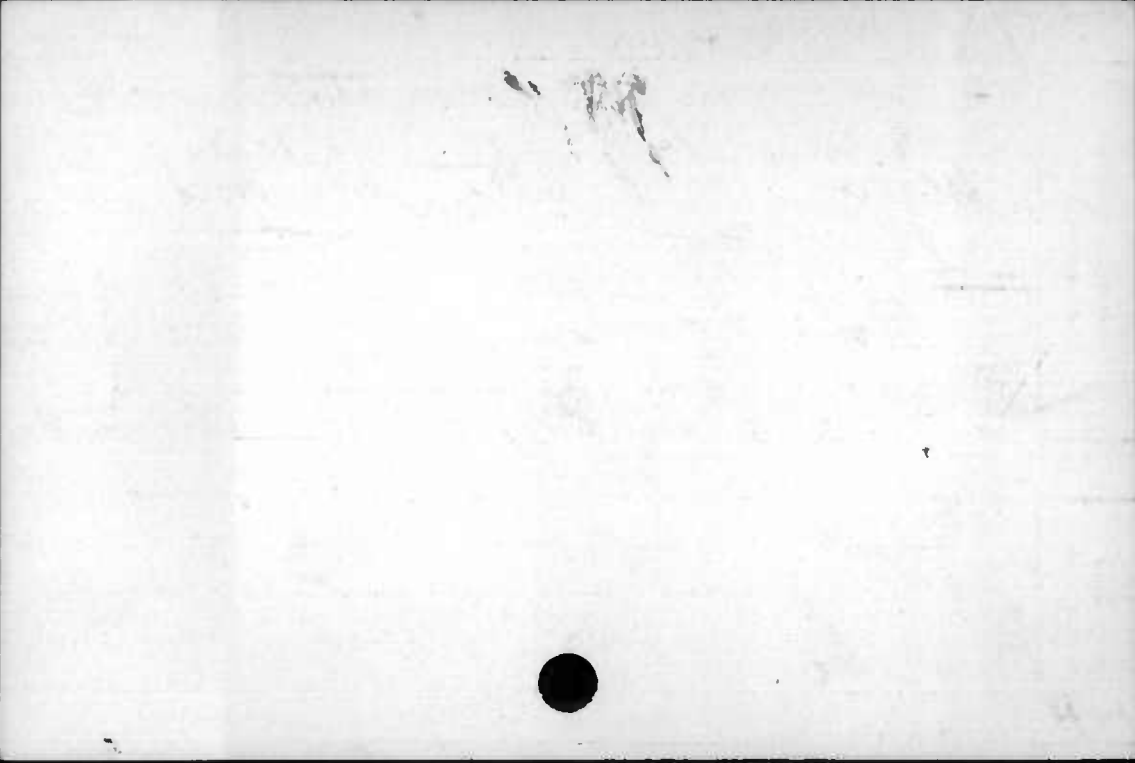
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | | | |
|----------------------------------------------------------|--|--------------------------------------------------|--|--------------------------|--|---------------|--|
| Name <i>Garrett Davis</i> | | Town <i>Snow Hill</i> | | County <i>Monroester</i> | | | |
| Died <i>at</i> | | | | | | | |
| Date of death <i>1908</i> | | Month <i>Aug</i> | | Day <i>24</i> | | Age <i>17</i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Ind</i> | | Months | |
| Occupation <i>Mill Hand</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Geo. Davis</i> | | Father's Birthplace <i>Wor. Count Md</i> | | | | | |
| Mother's Maiden Name <i>Amelia White</i> | | Mother's Birthplace <i>Wor. Co. Md</i> | | | | | |
| Name of person giving information <i>J. E. Dickerson</i> | | How related to deceased <i>none</i> | | | | | |

CAUSES OF DEATH

| | | | |
|---------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|-----------------|
| Primary | <i>Typhoid fever</i> | How long | <i>21 days</i> |
| Immediate | <i>Eating - Perforation</i> | How long | <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Paul Jones,</i> | |
| | | Address <i>Snow Hill</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Robert Davis

CERTIFICATE OF DEATH

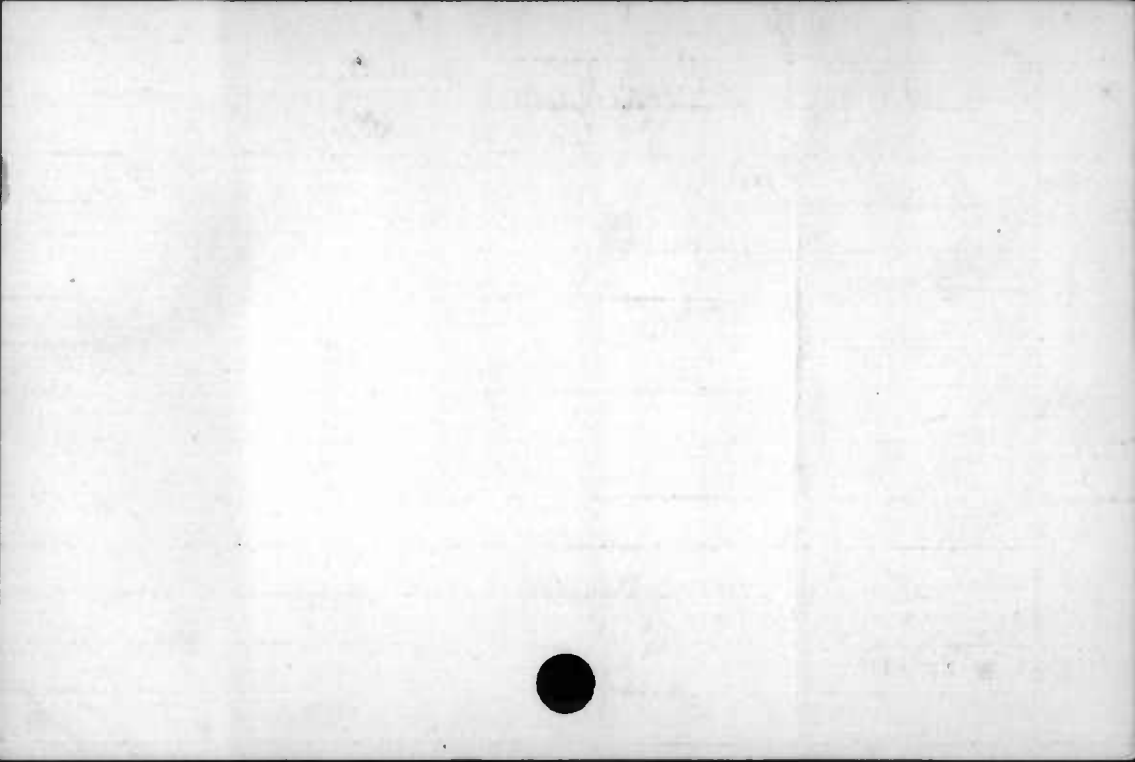
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|----------------|-------------------------|-----------------------------------------|-------------|-----|
| Died at <u>Snow Hill</u> Town | | <u>Worcester</u> County | | MARYLAND | |
| Date of death | 1908 | Month | Aug | Day | 14 |
| Age | 18 | Years | | Months | 11 |
| | | | | Days | 23 |
| Sex | Male | Color or Race | White | Birth-place | Ind |
| Occupation | Farmer | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | |
| Father's Name | Robert Davis | | Father's Birthplace Ind. | | |
| Mother's Maiden Name | Angelina Davis | | Mother's Birthplace Ind. | | |
| Name of person giving information | Wm. M. Hill | | How related to deceased Cousin | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|---------------------------------|------------------------|---------------|
| Primary | Typhoid from | How long | 15 days |
| Immediate | Exhaustion Hemorrhages & bowels | How long | 12 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Paul Jones |
| | | Address | Snow Hill Ind |
| Accident or Suicide? | | | |



Name
in
Full

Geo W. Fasset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

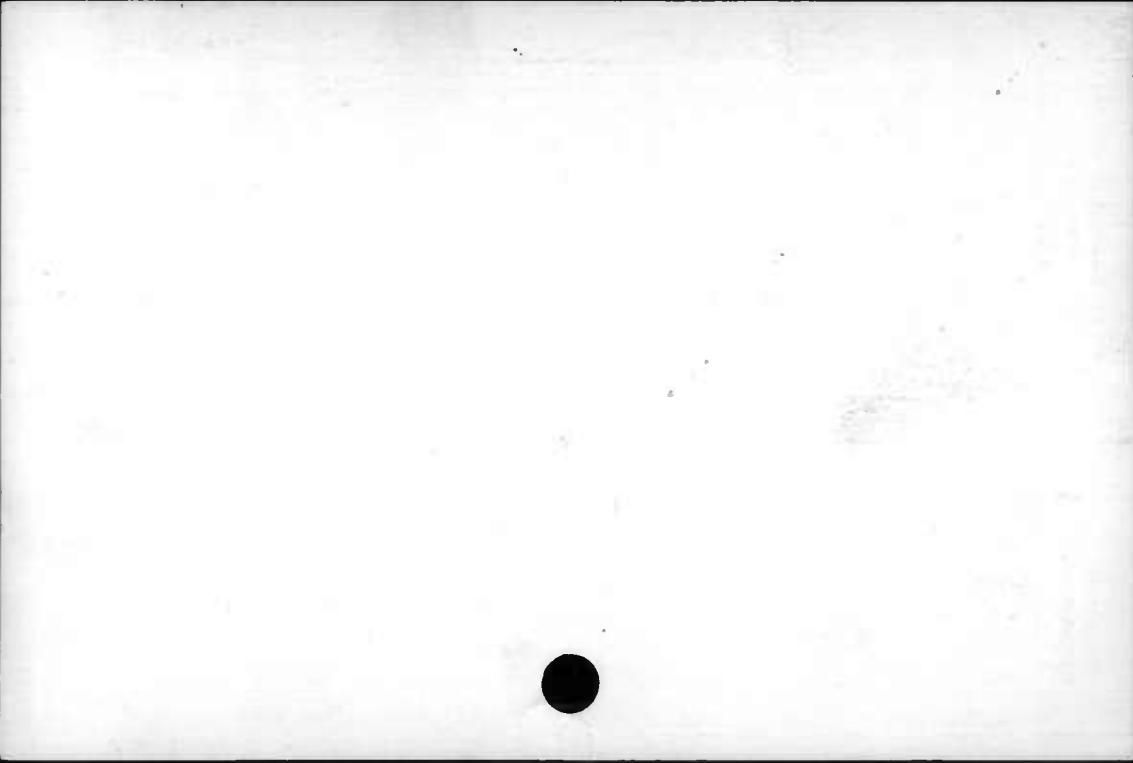
| | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|---------------------------------|--|-----------------------------------------|--|-----------------|--|-------------|--|-----------------|--|-----|--|---|--|-------|--|--------|--|------|--|
| Died at | | Near ^{Town} St Martons | | County | | MORCESTER | | MARYLAND | | | | | | | | | | | | | |
| Date of death | | 1908 | | Month | | Aug. | | Day | | 18 | | Age | | 9 | | Years | | Months | | Days | |
| Sex | | male | | Color or Race | | white | | Birth-place | | near St Martons | | | | | | | | | | | |
| Occupation | | Farmer | | Where Residing if not at place of death | | | | | | | | | | | | | | | | | |
| Married, Single or Widowed | | married | | Name of Wife or Husband | | Annie E. Fasset | | | | | | | | | | | | | | | |
| Father's Name | | James Fasset | | Father's Birthplace | | Maryland | | | | | | | | | | | | | | | |
| Mother's Maiden Name | | Elizabeth Fasset | | Mother's Birthplace | | 11 | | | | | | | | | | | | | | | |
| Name of person giving Information | | Thos Fasset | | How related to deceased | | Son | | | | | | | | | | | | | | | |

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--------------------------|--------------------|---------|
| Primary | Old Age | How long | |
| Immediate | Acute digestive disorder | How long | 2 weeks |
| Are the name, age, sex, color, data and place correctly given above? | | yes | |
| Signature of Physician | | C. D. Dr. Chas. M. | |
| Address | | Berlin Md | |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

Paul Hornon

Town

County

MARYLAND

Died at

Snow Hill

Worcester

Date

of death

1908 aug

Month

Day

29

Age

Years

Months

Days

5 weeks

Sex

Male

Color or
Race

Colored

Birth-
place

Snow Hill Worcester Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles E. Hornon

Father's
Birthplace

Worcester Co Md

Mother's
Maiden Name

Catherine Hornon

Mother's
Birthplace

Worcester Co Md

Name of person giving
Information

Charles E. Hornon

How related
to deceased

father

CAUSES OF DEATH

Primary

Weakening

How long

From birth

Immediate

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

No Physician

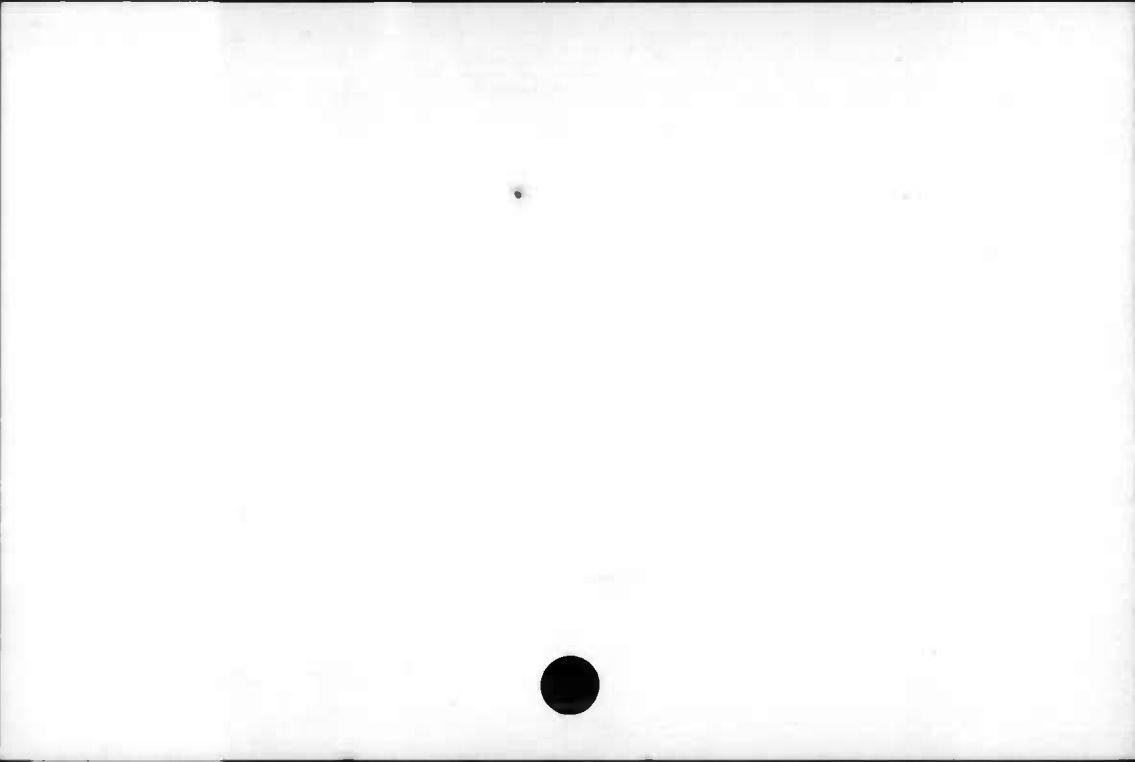
Address

on Pine Grove
Snow Hill Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

James Henry Johnson

Town

County

Died at

Snow Hill

Worcester

MARYLAND

Date

of death 1908

Month

Aug

Day

27

Years

Age

37

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Worcester Co md

Occupation

Day work

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Minnie Johnson

Father's
Name

Geo. Henry Johnson

Father's
Birthplace

Wicomico Co md

Mother's
Maiden Name

Sallie Ann Hardy

Mother's
Birthplace

Wicomico Co md

Name of person giving
In formation

Geo. Henry Johnson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever

How long

18 days

Immediate

Perforation

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Paul Jones

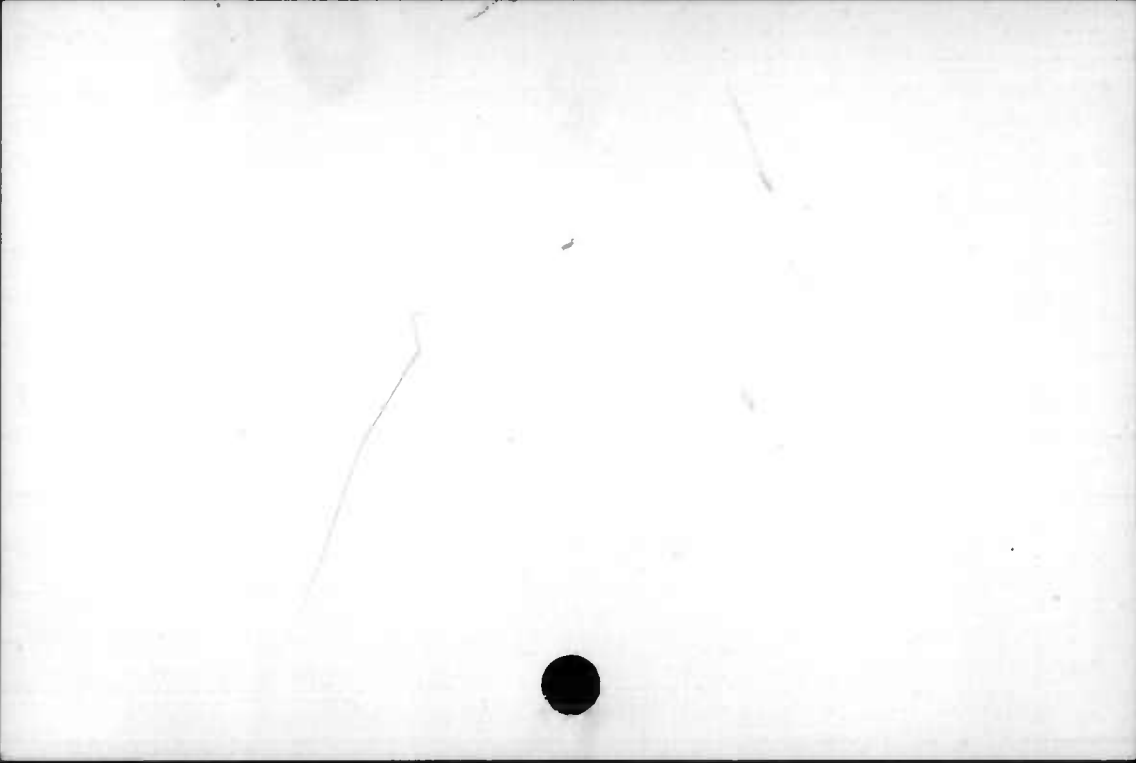
Address

Snow Hill Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bishop B. H. D. H.* Town

County

Date of death

1908 Aug

Day

5

Years

Age *13*

Months

Days

Sex

*Male*Color or
Race*Black*Birth-
place*Maryland*

Occupation

*Labourer*Where Residing if not
at place of death*at Home*Married, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*James Law*Father's
Birthplace*Maryland*Mother's
Maiden Name*Mertie Manford*Mother's
Birthplace*Idaho*Name of person giving
Information*Payster Watson*How related
to deceased*None*

CAUSES OF DEATH

27

How long

Primary

Immediate

Tuberculosis

How long

*3 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. Collins*

Address

*Bishopville**Mo*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry Laws

Town *Snow Hill*

County *Worcester*

MARYLAND

Date of death *1908 Aug. 16*

Age *15*

Months *1*

Days *16*

Sex *female*

Color or Race

White

Birth-place

Ind.

Occupation

Where Residing if not at place of death

~~Married~~ Single

Name of Wife or Husband

Father's Name

Ernest Laws

Father's Birthplace

Ind.

Mother's Maiden Name

Fowler

Mother's Birthplace

Ind.

Name of person giving information

Wm. Fowler

How related to deceased

Uncle

CAUSES OF DEATH

Primary

Cerebro-Spinal Fever

How long

4 days

Immediate

Cordis

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

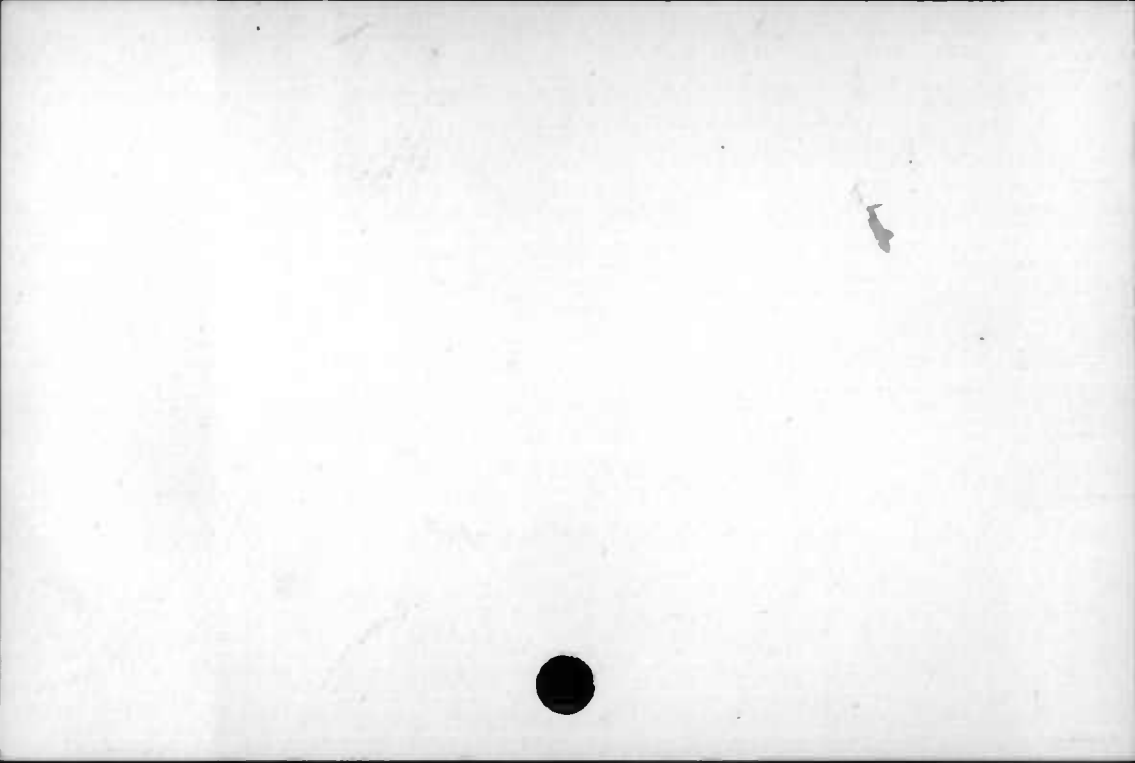
Signature of Physician

W. D. Stranglin, M.D.

Address

Snow Hill. Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

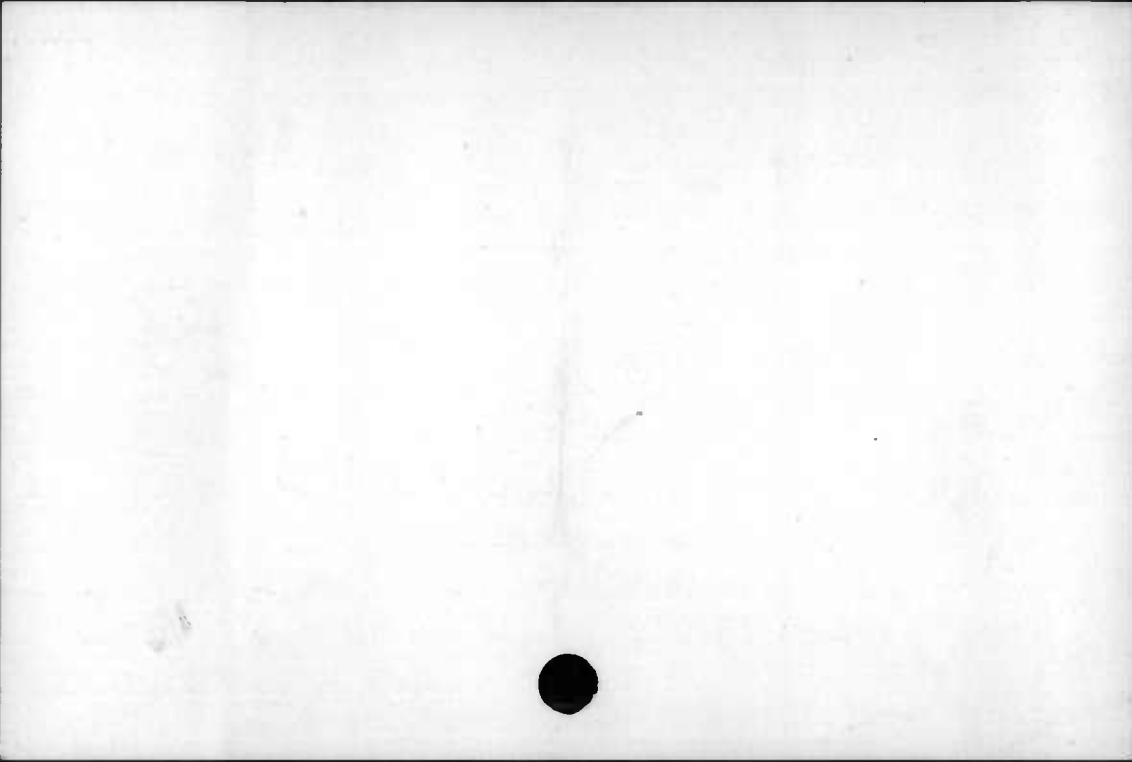
| | | | | | | | |
|------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------|--|-------------|--|
| Name in Full <i>George John O. McLean</i> | | Town <i>Brown City</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at | | Date of death | | Age | | Months | |
| | | <i>1908 Aug 24</i> | | <i>49</i> | | <i>6 28</i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Allegheny Pa.</i> | | | |
| Occupation <i>Salesman</i> | | Where Residing if not at place of death <i>Pittsburgh Pa.</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Catherine McLean</i> | | | | | |
| Father's Name <i>William McLean</i> | | Father's Birthplace <i>Beaver Co Pa</i> | | | | | |
| Mother's Maiden Name <i>Mary Mc Collough</i> | | Mother's Birthplace <i>" " "</i> | | | | | |
| Name of person giving information <i>Brother Harry McLean</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

| | |
|------------------------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Bipolar disorder</i> | How long <i>years</i> |
| Immediate <i>Hemorrhage stomach</i> | How long <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. Stetson</i> |
| | Address <i>Ocean City, Maryland</i> |
| Accident or Suicide? | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

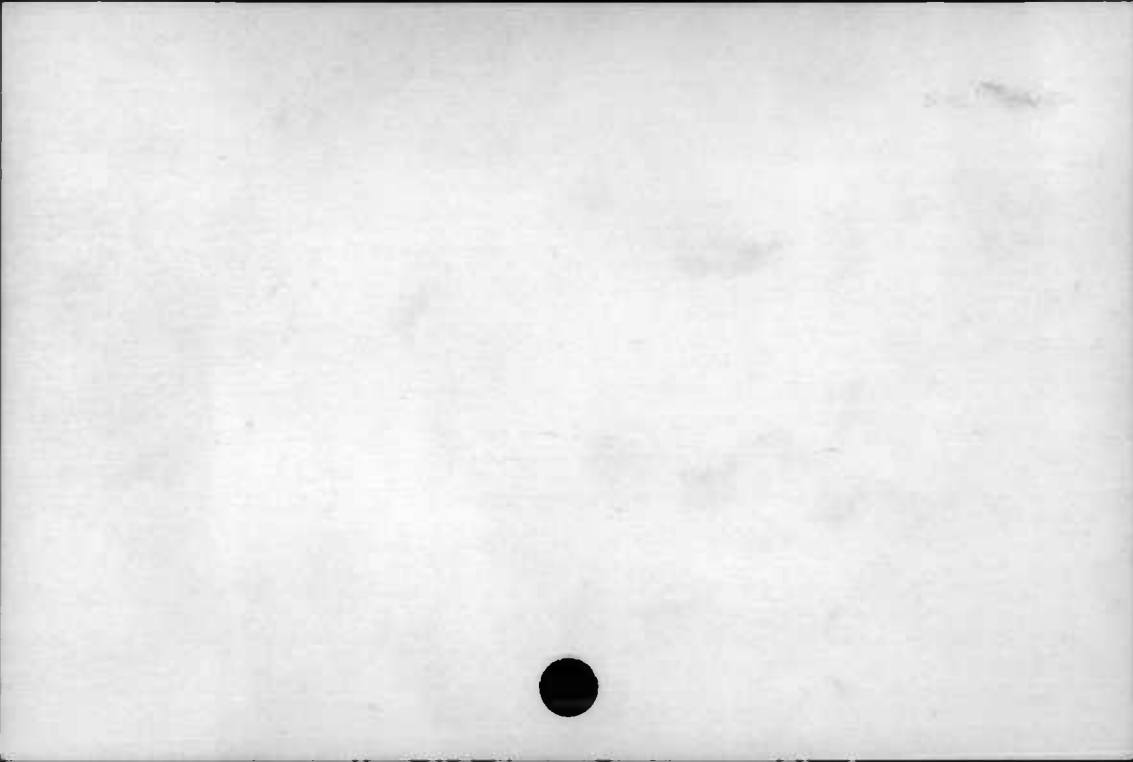
| | | | | | | | |
|-----------------------------------------------------------|--|--------------------------------------------------------------------------------|--|----------------------------|--|------------------|--|
| Name <i>Robert W. Mason</i> | | Town <i>Pocomoke</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at <i>Pocomoke</i> | | Month <i>Aug</i> | | Days <i>17</i> | | Age <i>62</i> | |
| Date of death <i>1908 Aug 17</i> | | Months | | Years | | Days | |
| Sex <i>Male</i> | | Color or Race <i>white</i> | | Birth-place <i>Md.</i> | | | |
| Occupation <i>Summerman</i> | | Where Residing if not at place of death <input checked="" type="checkbox"/> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Friella Mason</i> | | | | | |
| Father's Name <i>John Wesley Mason</i> | | Father's Birthplace <i>Md.</i> | | | | | |
| Mother's Maiden Name <i>Patsy Watson</i> | | Mother's Birthplace <i>Md.</i> | | | | | |
| Name of person giving information <i>Rufus J. Long</i> | | How related to deceased <i>Son-in-law</i> | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <i>Valvular heart trouble</i> | How long <i>1 yr</i> |
| Immediate <i>Exhaustion</i> | How long <i>2 wks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. Wilson</i> |
| | Address <i>Pocomoke City</i> |
| Accident or Suicide? <input checked="" type="checkbox"/> | |



Name
in
Full

Leroy Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

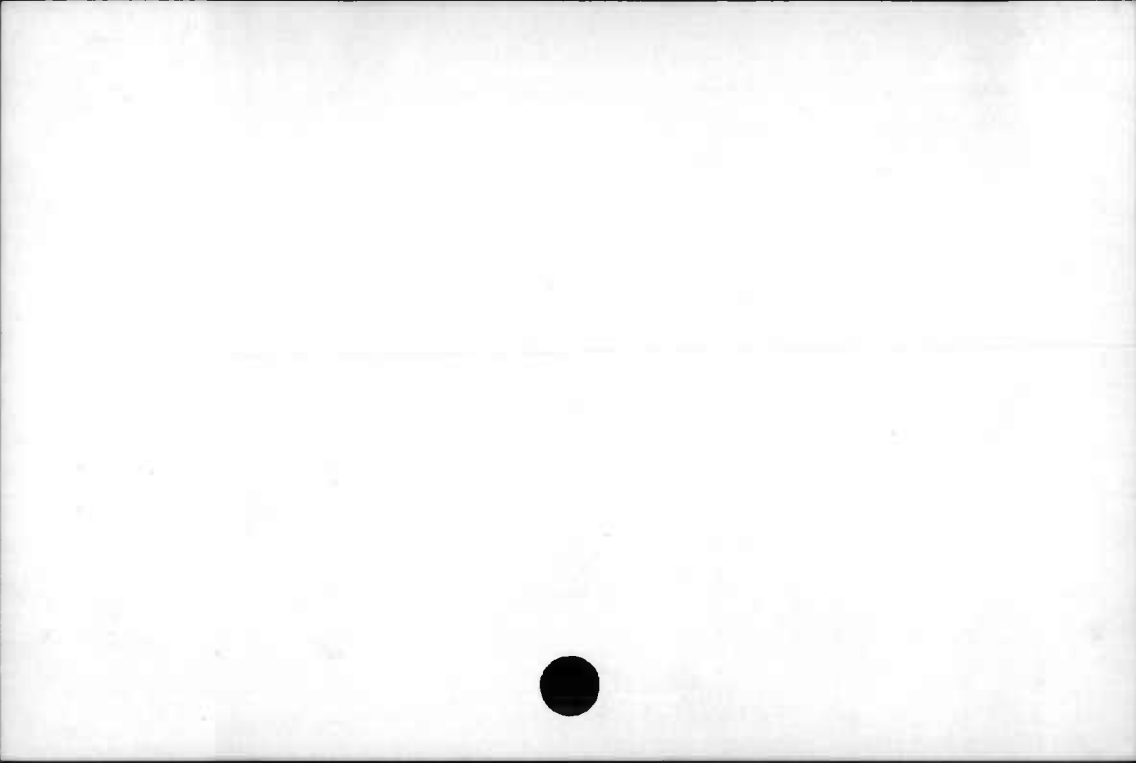
| | | | | | |
|------------------------------------------------------|------------------------------|-------------------------|--------------------------------------------------|-----------------|------|
| Died at <i>Pocomoke City</i> ^{town} | | <i>Worcester</i> County | | | |
| Date of death <i>1908</i> | Month <i>Aug</i> | Day <i>22</i> | Age <i>1</i> | Months <i>3</i> | Days |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Pocomoke City</i> | | |
| Occupation <i>✓</i> | | | Where Residing if not at place of death <i>✓</i> | | |
| Married, Single or Widowed <i>✓</i> | | | Name of Wife or Husband <i>✓</i> | | |
| Father's Name <i>Major Mills</i> | | | Father's Birthplace <i>Worcester Co.</i> | | |
| Mother's Maiden Name <i>Rose Dickerson</i> | | | Mother's Birthplace <i>Worcester Co.</i> | | |
| Name of person giving Information <i>Major Mills</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|----------------------------------------------|
| Primary <i>Malnutrition</i> | How long <i>Three months</i> |
| Immediate <i>Sho- Colitis</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>R. R. Peethall</i> |
| | Address <i>Pocomoke City, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

No name
Town
Pocomoke CityPolk
County

MARYLAND

Date

of death 1908

Month

Aug

Day

28

Age

Years

Still

Months

Born

Days

Sex

Female

Color or
Race

White

Birth-
place

Pocomoke City

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Wade H. Polk

Father's
Birthplace

Salisbury Md

Mother's
Maiden Name

Mary B. Huns

Mother's
Birthplace

Salisbury Md

Name of person giving
Information

Mary B. Huns

How related
to deceased

Mother

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary

Still Born

How long

Immediate

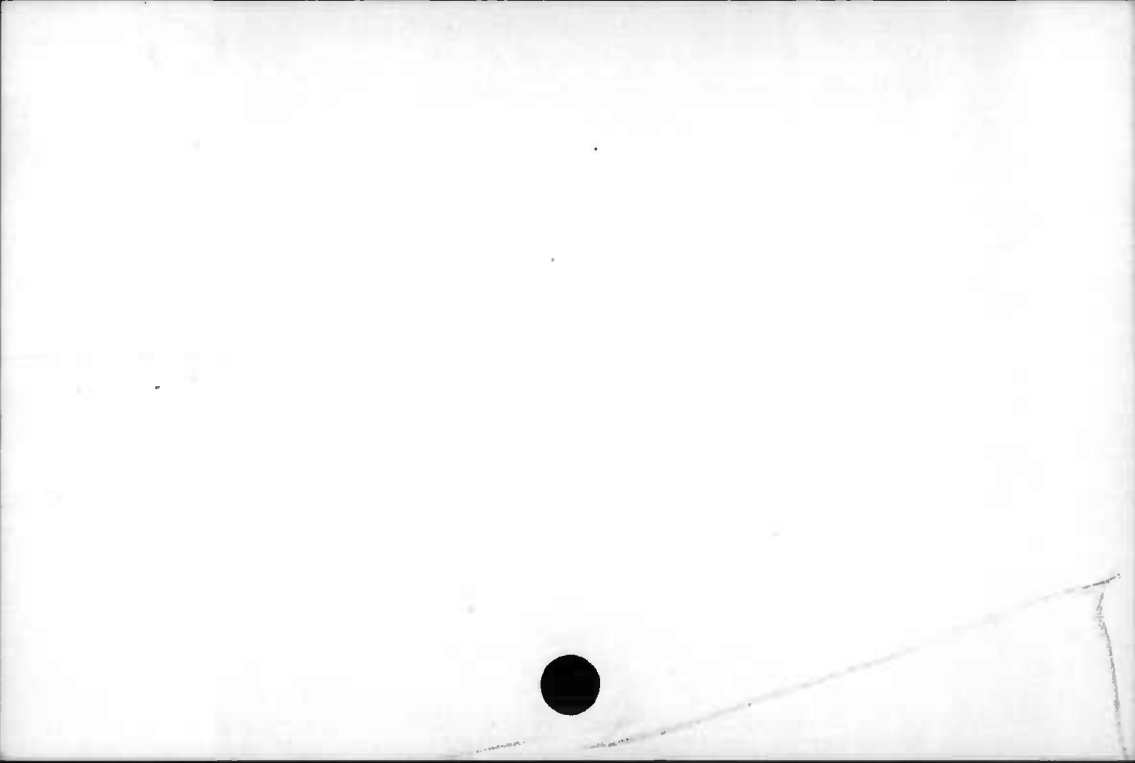
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

R. Reed Hall

Address

Pocomoke City, Md

Accident or Suicide?



Name
in
Full

Reggy Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

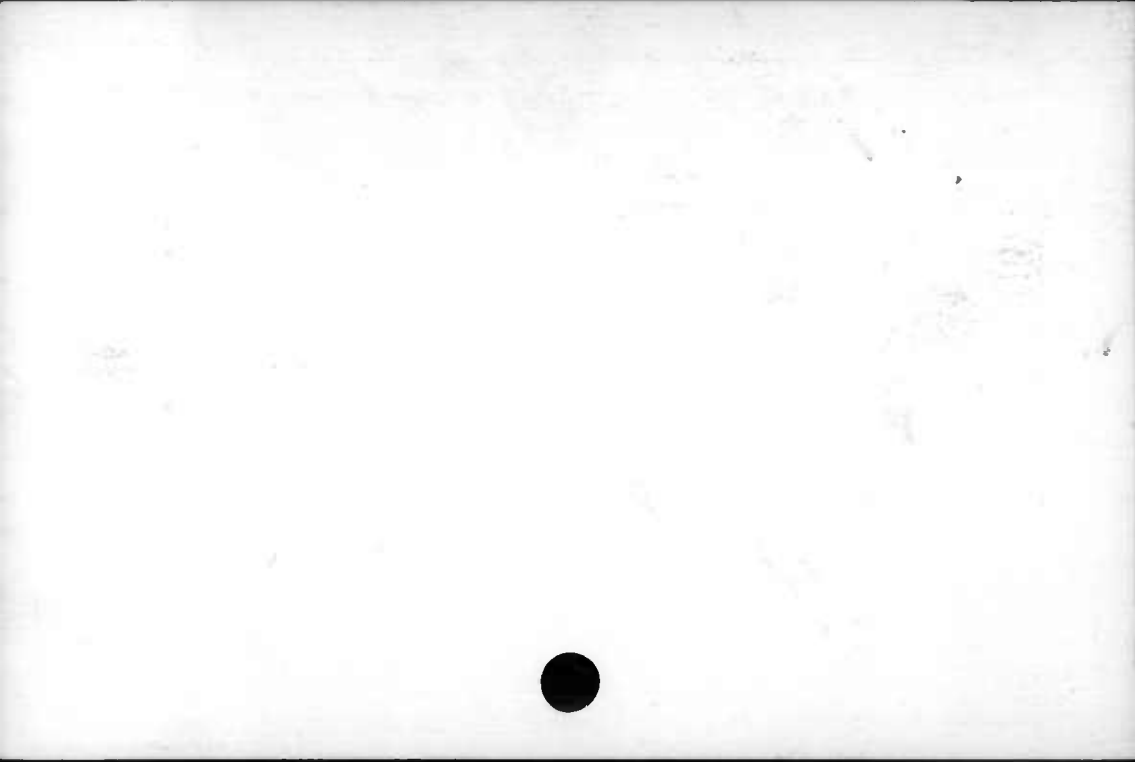
| | | | | | |
|--------------------------------------------------------|-------------------------------------------------------|---------------------------------------|--------------------------------|---------------------------------|-------------------------------|
| Died at <u>Berlin</u> ^{Town} | | <u>Worcester Co</u> ^{County} | | MARYLAND | |
| Date of death 1908 | <u>Aug</u> ^{Month} | <u>3</u> ^{Day} | Age <u>87</u> ^{Years} | <u> </u> ^{Months} | <u> </u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | Birth-place <u>Berlin</u> | | | |
| Occupation <u>House Keeper</u> | Where Residing if not at place of death <u> </u> | | | | |
| Married, Single or Widowed <u>Widow</u> | Name of Wife or Husband <u>Leven Purnell</u> | | | | |
| Father's Name <u>Joseph Bridell</u> | Father's Birthplace <u>Berlin Md</u> | | | | |
| Mother's Maiden Name <u>Hester</u> | Mother's Birthplace <u>" "</u> | | | | |
| Name of person giving information <u>Susan Bridell</u> | How related to deceased <u>Niece</u> | | | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <u>Dysentery</u> | How long <u> </u> |
| Immediate <u>Diarrhea</u> | How long <u> </u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>E. J. Holland</u> |
| | Address <u>Berlin</u> |
| <u>Accident or Suicide</u> | |



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

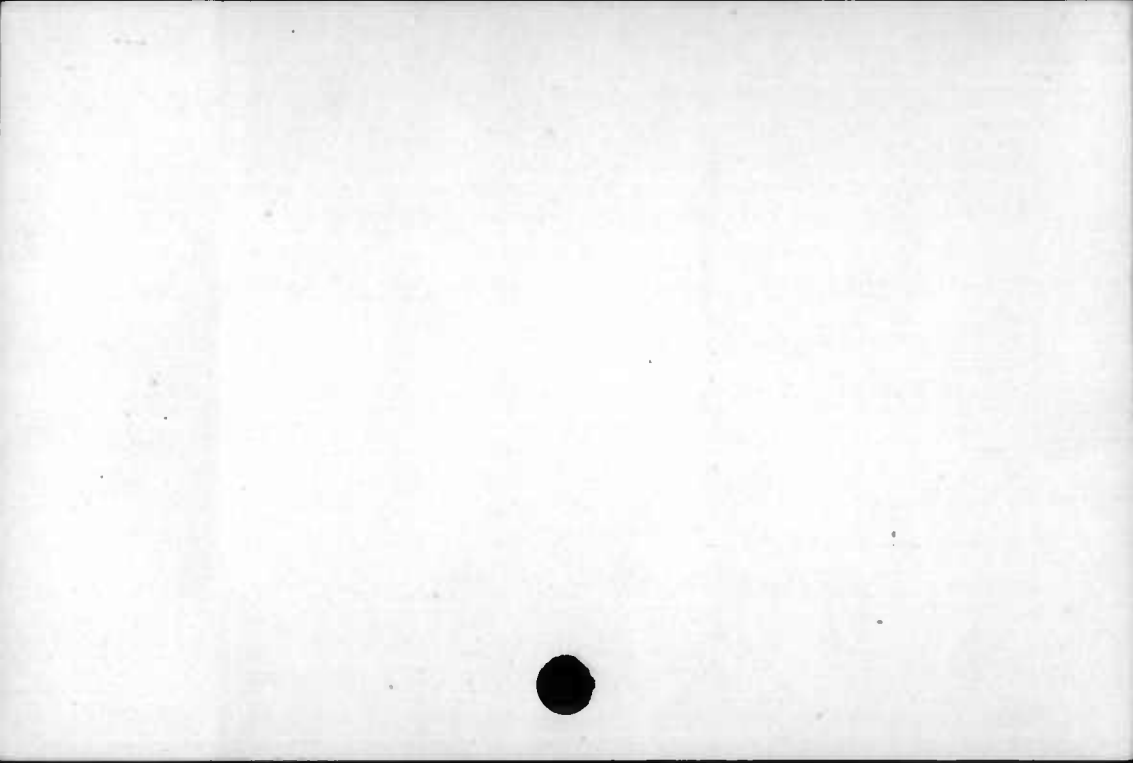
| | | | | | |
|------------------------------------------------------|----------------------------------------------|-------------------------|-----------------------------------------------------------------|-----------------|------|
| Died at <i>Brownsville</i> Town | | <i>Worcester</i> County | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>Aug</i> | Day <i>14</i> | Years <i>70</i> | Months <i>4</i> | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Somerset CO</i> | | |
| Occupation <i>Justice of Peace</i> | | | Where Residing if not at place of death <i>Brownsville City</i> | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Mary C Clarke</i> | | | | |
| Father's Name <i>Jos W. Lundy</i> | | | Father's Birthplace <i>Somerset County</i> | | |
| Mother's Maiden Name <i>Ellen Long</i> | | | Mother's Birthplace <i>" "</i> | | |
| Name of person giving information <i>J. S. Lundy</i> | | | How related to deceased <i>Uncle</i> | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <i>Phthisis</i> | How long <i>Nine Years</i> |
| Immediate <i>Break down of stomach & bowels</i> | How long <i>5 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Samuel S. Lundy</i> |
| | Address <i>Brownsville City Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Shoreville Town Frederick County MARYLAND

Date of death 1908 Month 8 Day 30 Age about 30 Years Months Days

Sex Female Color or Race White Birth-place Liberty

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband George Rayne

Father's Name Robt Tummoyes Father's Birthplace Maryland

Mother's Maiden Name Hannah Brunningham Mother's Birthplace "

Name of person giving Information Ed. H. H. H. How related to deceased "

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

4 weeks

Immediate

Perforation

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

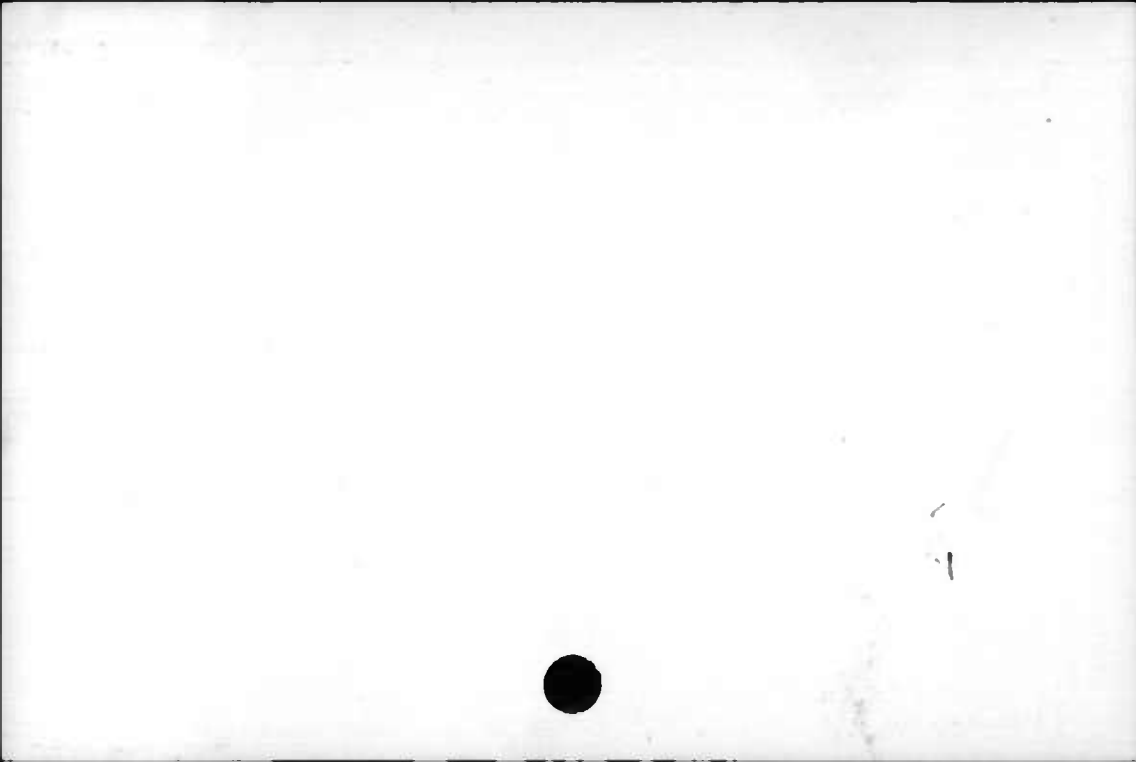
Signature of Physician

Ed. H. H. H.

Address

BellevueInd

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

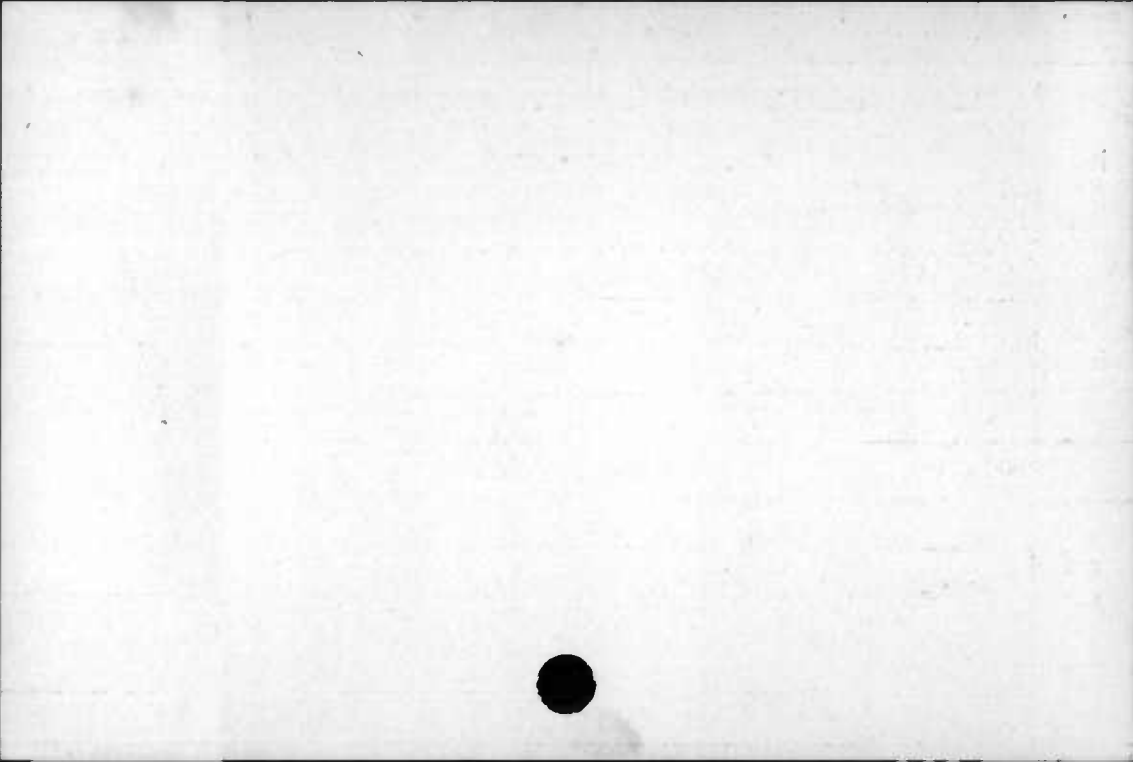
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------------|----------------------------------------------|-------------------------|-------|-------------------------|------------|
| Died at <u>Snow Hill</u> Town | | <u>Worcester</u> County | | MARYLAND | |
| Date of death | 1908 | Month | Aug | Day | 19 |
| Age | 22 | Years | 10 | Months | 1 |
| Sex | Male | Color or Race | White | Birth-place | Ind |
| Occupation | Hotel Keeper | | | | |
| Where Residing if not at place of death | — | | | | |
| Married, Single or Widowed | Name of Wife or Husband <u>Mary E. Smith</u> | | | | |
| Father's Name | — Don't know | | | Father's Birthplace | — |
| Mother's Maiden Name | — Don't know | | | Mother's Birthplace | — |
| Name of person giving information | <u>E. P. Smith</u> | | | How related to deceased | <u>Son</u> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|------------------------------------------|----------|---------------|
| Primary | <u>Paralysis</u> | How long | <u>66</u> |
| Immediate | <u>Heart failure</u> | How long | <u>8 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Paul Jones</u> | | |
| | Address <u>Snow Hill</u> | | |
| | <u>MD</u> | | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rosa S. Gay lor

Town

County

MARYLAND

Died at near Snow Hill

Worcester

Date
of death 1908

Month

8

Day

17

Age

Years

24

Months

8

Days

✓

Sex

Female

Color or
Race

Caucasian

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of death

At Place of death

Married, Single
or Widowed

Married

Name of ~~Wife~~
Husband

Charles P. Gay lor

Father's
Name

John Kelley

Father's
Birthplace

Maryland

Mother's
Maiden Name

Emma Kelley

Mother's
Birthplace

Maryland

Name of person giving
Information

John W. Gay lor

How related
to deceased

Father in law

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

about 1 year

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

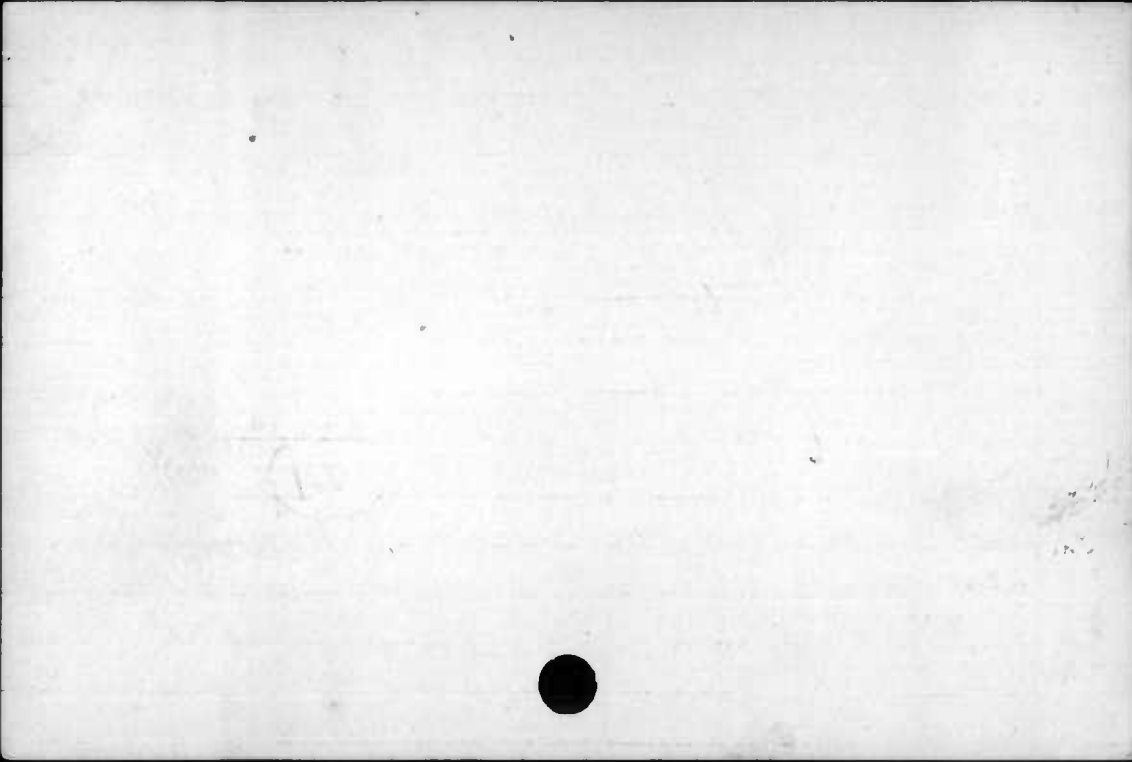
W. D. Strangin

Address

Snow Hill. Md.

Accident or Suicide?

no



Name
in
Full

Irvin S. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

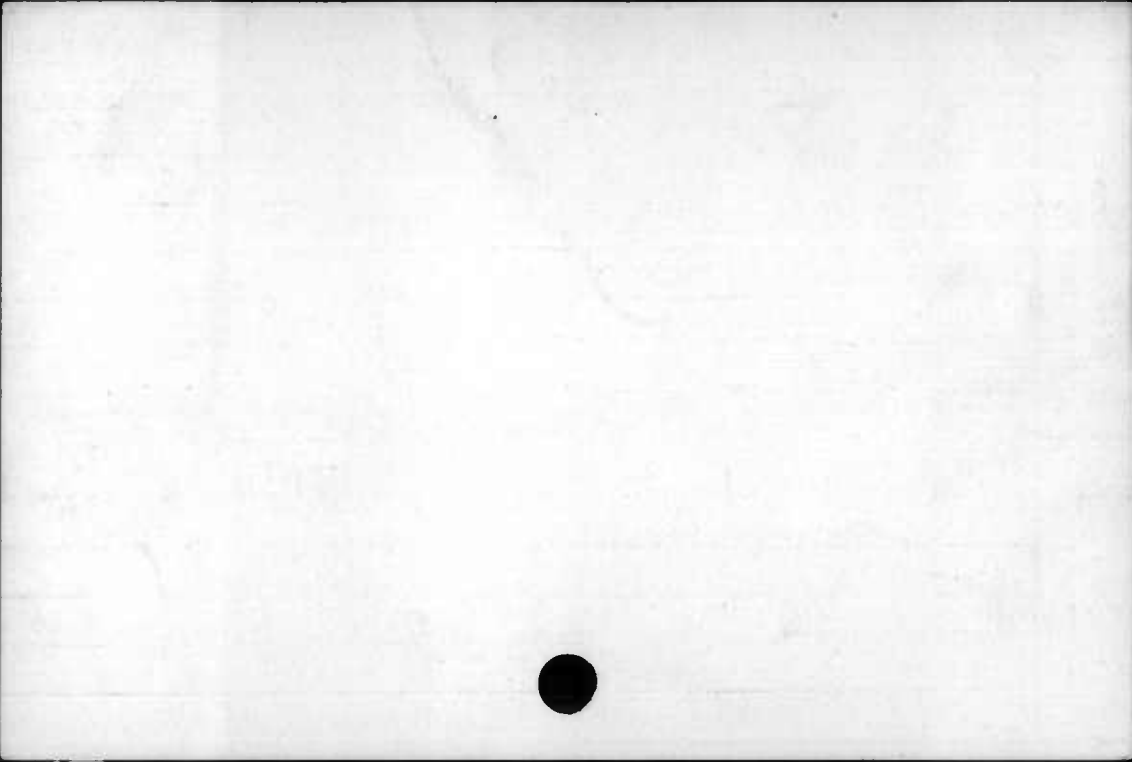
| | | | | | | | | |
|-----------------------------------------------------------|-------------|-------|-------------------------|-------------------------------------------------|--------------|----------|----|-------------|
| Died at <u>Corbin</u> Town | | | <u>Worcester</u> County | | | MARYLAND | | |
| Date of death | 1908 | Month | Aug | Day | 22 | Age | 70 | Years |
| | | | | | | Months | 4 | Days |
| Sex | <u>Male</u> | | | Color or Race | <u>White</u> | | | Birth-place |
| <u>Ind</u> | | | | | | | | |
| Occupation <u>Farmer</u> | | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Single</u> | | | | Name of Wife or Husband <u>Kate B. Townsend</u> | | | | |
| Father's Name <u>Peagle Townsend</u> | | | | Father's Birthplace <u>Ind</u> | | | | |
| Mother's Maiden Name <u>Elizabeth S. Brown</u> | | | | Mother's Birthplace <u>Ind</u> | | | | |
| Name of person giving information <u>Saul W. Townsend</u> | | | | How related to deceased <u>Brother</u> | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--------------------|--------------------------------------|----------------------|
| Primary | <u>Consumption</u> | How long | <u>Several years</u> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | <u>No Physician at time of death</u> | |
| Address | | <u>OK. Paul Jones Ind</u> | |
| Accident or Suicide? | | <u>—</u> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------------------|------------------------|---------------|--------------------------------------------------|-------------------------|---------------------|---------------------|
| Died at <i>Portsmouth City</i> | | Town <i>Portsmouth</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>Aug</i> | Day <i>13</i> | Age <i>8</i> | Years <i>8</i> | Months <i>8</i> | Days |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Worcester Co</i> |
| Occupation | <i>✓</i> | | | Where Residing if not at place of death <i>✓</i> | | | |
| Married, Single or Widowed | <i>✓</i> | | | Name of Wife or Husband <i>✓</i> | | | |
| Father's Name | <i>Edward F. Ince</i> | | | | Father's Birthplace | <i>Worcester Co</i> | |
| Mother's Maiden Name | <i>Fanny Rich</i> | | | | Mother's Birthplace | <i>Worcester Co</i> | |
| Name of person giving Information | <i>William P. Edwards</i> | | | | How related to deceased | <i>None</i> | |

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------------------------|------------------------|----------------------------|
| Primary | <i>Acute Cerebro Spinal Meningitis</i> | How long | <i>3 Days</i> |
| Immediate | <i>"</i> | How long | <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>R. Reel Hall</i> |
| | | Address | <i>Portsmouth City, Md</i> |
| Accident or Suicide? | | | |



Name
in
Full

Walter C. Tule

CERTIFICATE OF DEATH

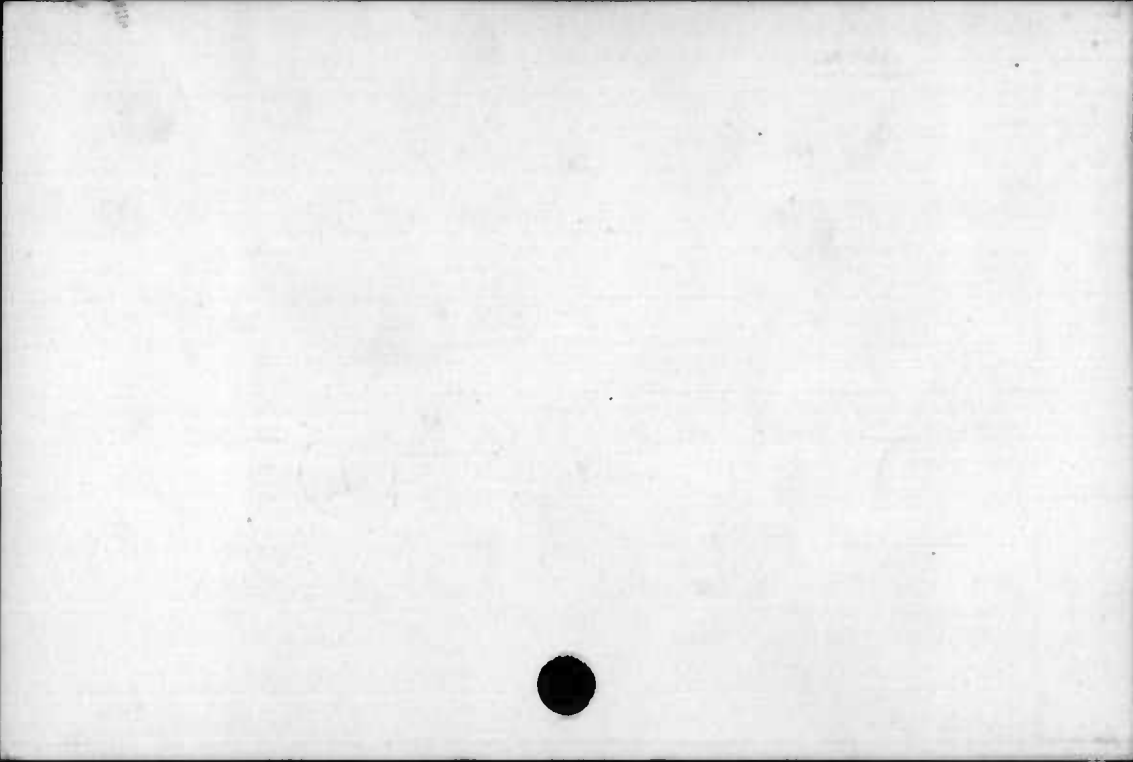
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------|-------------------------|----------------|---------------|----|
| Died at <i>Snow Hill</i> Town | | <i>Worcester</i> County | | MARYLAND | |
| Date of death | 1908 | Month | aug | Day | 21 |
| Age | | 8 | | Years | — |
| Sex | Male | | Color or Race | Colored | |
| Occupation | — | | Birth-place | Snow Hill Ind | |
| Married, Single or Widowed | | | — | | |
| Name of Wife or Husband | | | — | | |
| Father's Name | | | Robert Tule | | |
| Father's Birthplace | | | Snow Hill Ind | | |
| Mother's Maiden Name | | | Lottie Purcell | | |
| Mother's Birthplace | | | Snow Hill Ind | | |
| Name of person giving information | | | Robert Tule | | |
| How related to deceased | | | father | | |

CAUSES OF DEATH

| | | | |
|----------------------------------------------------------------------|---------------------------------------------------|------------------------|----------------|
| Primary | <i>Typhoid fever</i> | How long | <i>4 weeks</i> |
| Immediate | <i>Peritonitis (cause Intestinal perforation)</i> | How long | <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature Physician | | <i>John J. Delotte</i> | |
| Address | | <i>Snow Hill Ind</i> | |
| Accident or Suicide? | | — | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Howard M. Walker*
 Died at *Bishop B. H. D. #1* Town *Worcester* County *MARYLAND*
 Date of death *1908* Month *Aug* Day *6* Years *7* Months *13*
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *None* Where Residing if not at place of death *at Home*
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Joseph C. Walker* Father's Birthplace *Maryland*
 Mother's Maiden Name *Mary C. Johnson* Mother's Birthplace *Maryland*
 Name of person giving information *Fayreter Watson* How related to deceased *None*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *Im. mit. 20*
 Immediate *Cholera Infantum* How long *Im. mit. 20*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. P. Quinn*
 Address *Bishop B. H. D. #1*
 Accident or Suicida? *None*

(51)